



# IDAHO DEPARTMENT OF HEALTH & WELFARE

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October 23, 2008

Administrator, Trinity Nicholson  
1424 N Boyer Ave  
Sandpoint, Id 83864

Dear Trinity,

Thank you for submitting the Panhandle Special Needs Inc. Plan of Correction dated October 17, 2008. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued Panhandle Special Needs Inc. a full two year certificate effective from October 21, 2008 through October 21, 2010.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that your Plan of Correction has been met. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction. All supporting documentation must be submitted no later than December 31, 2008. You may submit supporting documentation as follows:

Fax to: 364-1811, Attn Greg Miles  
Email to: [milesg@dhw.idaho.gov](mailto:milesg@dhw.idaho.gov)  
Mail to: Medicaid, Health and Welfare  
Attn Greg Miles, DD Survey and Certification  
P.O Box 83720  
Boise, ID 83720-0036

Or deliver to: Greg Miles  
Division of Medicaid  
3232 Elder St.  
Boise, ID 83705

You can reach me if you have any questions at 208-364-1828.

Thank you for your patience and accommodating us through the survey process.

Greg Miles  
Medical Program Specialist  
DD Survey and Certification

# Statement of Deficiencies

Developmental Disabilities Agency

Panhandle Special Needs, Inc.  
1PSNI065

1424 N Boyer Ave  
Sandpoint, ID 83864-2218  
(208) 263-7022

Survey Type: Recertification

Entrance Date: 8/25/2008

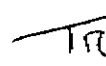
Exit Date: 8/26/2008

Initial Comments: Survey Team Members: Greg Miles, Medical Program Specialist; Rebecca Fadness, Program Supervisor.

Observations: Participant #1 was observed at the Developmental Center. Staff worked with him in a 1 to 1 capacity. He became off-task quite frequently and would wander away from the training area; however staff did a nice job re-directing him back to the targeted activity. It was noted that many of his training objectives contained steps that targeted the reduction of inappropriate behavior. Documentation strategies were discussed to more appropriately record behavioral incidents vs. skill acquisition programs.

File Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.201.04.g	Policies and Procedures	DDA Program Administrator will update this policy to include conflict of interests, inappropriate boundaries and will also outline disciplinary action resulting from violations of the policy. The updated policy will then be presented to our board of directors for adoption and presented to staff. Once reviewed by all staff a signature of acknowledgment will be placed in all personnel files. This policy will be reviewed upon hire and annually thereafter.
201.APPLICATION FOR INITIAL CERTIFICATION. 04. Content of Application for Certification. Application for certification must be made on the Department-approved form available by contacting the Department as described in Section 005 of these rules. The application and supporting documents must be received by the Department at least sixty (60) days prior to the planned opening date. The application must include all of the following: (7-1-06) g. Written code of ethics policy adopting a code of ethics relevant to professional activities with participants and colleagues, in practice settings. The policy must articulate basic values, ethical principles and standards for confidentiality, conflict of interest, exploitation, and	FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. Agency documentation lacked evidence as follows:  • Code of ethics did not address conflict of interest or inappropriate boundaries.	Program Administrators and developmental specialists will be responsible for monitoring staff conduct and all disciplinary action will be conducted by the COMPANY administrative team.  Date for Completion: December 31, 2008  Tr

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inappropriate boundaries in the developmental disabilities agency's relationship with participants and with other agencies. The code of ethics adopted must reflect nationally-recognized standards of practice; (7-1-06)					
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<b>Rule Reference/Text</b>	<b>Category/Finding</b>	<b>Plan of Correction (POC)</b>			
16.04.11.501.02	Transportation	The Company Administrative team will update this policy to include a detailed procedure for monitoring and conducting safety checks on vehicles which will then be presented to our board of directors for adoption. Once approved the procedure will be presented to the safety committee who will be responsible for implementation and follow through.			
501. VEHICLE SAFETY REQUIREMENTS. Each DDA that transports participants must: (7-1-06)	FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. Agency documentation lacked evidence as follows:	Date for completion: December 31, 2008			
02. Transportation Safety Policy. Develop and implement a written transportation safety policy. (7-1-06)	• Transportation policy did not have procedures for safety checks on vehicles transporting participants.	TR			
<b>Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b>		<b>Administrator Initials:</b>	
<b>Rule Reference/Text</b>	<b>Category/Finding</b>	<b>Plan of Correction (POC)</b>			
16.04.11.510.01.a	Policies and Procedures	The Company Administrative team will create a policy and procedure which will then be presented to our board of directors for adoption. Once approved the policy will be presented to all staff and will include a signature of acknowledgment to be place in the personnel files.			
510. HEALTH REQUIREMENTS.	Also relevant to 16.04.11.510.03	This policy and procedure will be implemented upon hire and annually there after. Individual program administrators and personnel file review committee will be responsible for implementation and follow through.			
01. Required Health Policies and Procedures. Each DDA must develop policies and procedures that: (7-1-06)	FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. Agency documentation lacked evidence as follows:	Date for completion: December 31, 2008			
a. Describe how the agency will assure that staff is free from communicable disease; (7-1-06)	• There was no policy and procedure for assuring staff are free of communicable diseases.	TR			
<b>Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b>		<b>Administrator Initials:</b>	
<b>Rule Reference/Text</b>	<b>Category/Finding</b>	<b>Plan of Correction (POC)</b>			
18.04.11.600.01.a-d	Assessments	see next page.....			
600.COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments	FINDINGS: Based upon record review and interview with staff and/or Administration, the				

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must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) 01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06) a. Determine the necessity of the service; (7-1-06) b. Determine the participant's needs; (7-1-06) c. Guide treatment; (7-1-06) d. Identify the participant's current and relevant strengths, needs, and interests when these are applicable to the respective discipline; and (7-1-06)		agency is not in compliance. Agency documentation lacked evidence as follows:  • Many programs are not guided by the Comprehensive Developmental Assessment. It is not possible to look at the programs and link them back to the Comprehensive Developmental Assessment. It is not evident why an objective was chosen to work on and how the implementation plan will resolve barriers to independence in the community or home (for example: Participant #2-meal planning, pedestrian safety, phone skills). • The Comprehensive Developmental Assessment did not clearly state the participant's strengths and interests.	DDA Program Administrator and/or assigned Developmental Specialist will update all client developmental evaluations to ensure that current areas of training are assessed. If found to be a need the evaluation will be updated - If current areas of training are found to be a strength training will be discontinued. In addition, individual interests will be more clearly stated by adding "participant interests" as a standard component to the Developmental Evaluation company template. In regards to clearly stated "strengths" our current evaluation lists client strengths on the last page of the report (see attached sample).  Date for Facility Completion: March 31, 2009 Sample Group: December 31, 2008
<b>Scope and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b>	<b>Administrator Initials:</b>
<b>Rule Reference/Text</b> 16.04.11.600.01.e  600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06) 01. Comprehensive Assessments. A comprehensive assessment must: (7-1-06) e. For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs. (7-1-06)	<b>Category/Findings</b> Assessments  FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. Agency documentation lacked evidence as follows:  • The Comprehensive Developmental Assessment did not recommend the type and amount of therapy.	<b>Plan of Correction (POC)</b>  DDA Program Administrator and/or Assigned Developmental Specialist will update all client developmental evaluations to include recommended type and amount of therapy and this will also be added as a standard component of the Developmental Evaluation company template.  Date for Facility Completion: March 31, 2009 Sample Group: December 31, 2008  	
<b>Scope and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b>	<b>Administrator Initials:</b>
<b>Rule Reference/Text</b> 16.04.11.602.01  602. REQUIREMENTS FOR CURRENT ASSESSMENTS. Assessments must accurately	<b>Category/Findings</b> Assessments  FINDINGS: Based upon record review and interview with staff and/or Administration, the	<b>Plan of Correction (POC)</b>	

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reflect the current status of the participant. (7-1-06) 01. Current Assessments for Ongoing Services. To be considered current, assessments must be completed or updated at least annually for service areas in which the participant is receiving services on an ongoing basis. (7-1-06)		agency is not in compliance. Agency documentation lacked evidence as follows:  • Participant # 1 had multiple programs containing a sensory routine which was intended to reduce behavioral issues. The OT assessment that evaluated and recommended the sensory routine was not current. Further, since the 'sensory routine' was embedded in multiple programs, it skewed skill acquisition for those objectives.	DDA Program Administrator and Developmental Specialist(s) will create a checklist procedure to be used to evaluate the required components of all implementation plans and resulting objectives. The DDA Program Administrator and assigned developmental specialist will use the checklist procedure prior to the initiation of any authorized services. In addition, ALL existing services will be evaluated as described above and corrected as needed.  Date for Checklist Completion: December 31, 2008 Sample Group: December 31, 2008 Date for Facility Completion: March 31, 2009
<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b>	<b>Administrator Initials:</b>
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>	
16.04.11.604.01.c  604. TYPES OF COMPREHENSIVE ASSESSMENTS. 01. Comprehensive Developmental Assessment. A comprehensive developmental assessment must be conducted by a qualified Development Specialist and reflect a person's developmental status in the following areas: (7-1-06) c. Learning; (7-1-06)	Assessments  FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. Agency documentation lacked evidence as follows:  • The area of Learning was not assessed by agency's Comprehensive Developmental Assessment.	DDA Program Administrator and/or Assigned Developmental Specialist will update all client developmental evaluations to include the area of "learning" which will also be added as a standard component of the Developmental Evaluation company template.  Date for Facility Completion: March 31, 2009 Sample Group: December 31, 2008  <div style="text-align: right;">TR</div>	
<b>Scope and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b>	<b>Administrator Initials:</b>
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>	
16.04.11.605.03  605. REQUIREMENTS FOR SPECIFIC SKILL	Assessments  FINDINGS: Based upon record review and		

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<p>ASSESSMENTS. Specific skill assessments must (7-1-06) 03. Conducted by Qualified Professionals. Be conducted by qualified professionals for the respective disciplines as defined in this chapter. (7-1-06)</p>	<p>Interview with staff and/or Administration, the agency is not in compliance. Agency documentation lacked evidence as follows:</p> <ul style="list-style-type: none"> <li>The SIB-R assessment was not completed by a qualified professional.</li> </ul>	<p>DDA Program Administrator and/or Assigned DS will complete all developmental assessment materials. This component will also be added to our professional staff policy which outlines what duties must be performed by qualified professional staff. In addition, all 2008 SIB-R's will be reviewed and signed by DDA program administrator and/or assigned Developmental Specialist.</p> <p>Date for completion: March 31, 2009 Sample Group: December 31, 2008</p> <p>TR</p>
<del>Source and Severity:</del>	/ No Actual Harm - Potential for Minimal Harm	<p><del>Date to be Corrected:</del></p> <p><del>Administrator Initials:</del></p>
<del>Data Reference/Text</del>	<del>Category/Findings</del>	<del>Plan of Correction (POC)</del>
<p>16.04.11.703.02</p> <p>703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06) 02. Baseline Statement. A baseline statement addressing the participant's skill level and abilities related to the specific skill to be learned. (7-1-06)</p>	<p>Program Implementation Plan</p> <p>FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. Agency documentation lacked evidence as follows:</p> <ul style="list-style-type: none"> <li>File review revealed that there were multiple objectives in a program with one baseline score. They do not all reflect participants' skill level and abilities related to a specific skill to be learned.</li> </ul>	<p>Program administrator and assigned Developmental Specialist will review all client programs using the new "Implementation Plan" checklist to ensure that individual programs do not contain multiple objectives.</p> <p>All programs found to contain multiple objectives will be revised and base lined by the assigned Developmental Specialist.</p> <p>Note - Because PSNI intends to change our data collection system it is likely that all client programs will undergo a revision and new baselines even those not containing multiple objectives.</p> <p>Date of Facility Completion: March 31, 2009 Sample Group: December 31, 2008</p> <p>TR</p>

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16.04.11.703.03	Program Implementation Plan	see plan of correction above as well....	
703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06) 03. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-06)	FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. Agency documentation lacked evidence as follows:  • Objectives do not contain defined criteria to measure each objective accurately. Multiple steps are combined and the measurement is stated to complete them with "X" percent accuracy or success.  • Objectives contain multiple variables within objective statement (for example: Jordan's 1A program stated that he would "learn to: grocery shop, stays within a set budget, and fulfills his nutritional needs").	DDA Program Administrator and assigned Developmental Specialist will be revising our data collection system and program writing as follows....  Data collection will no longer incorporate a "+" or "0" system but will require staff to specifically score the individual cue level required to complete a given step within a task.  Each task will be evaluated to determine which components will be targeted for training and data will be collected and tracked for each target individually.  Date of Facility Completion: March 31, 2009 Sample Group: December 31, 2008  TR	
<b>Issue and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b>	<b>Administrator Initials:</b>
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>	
16.04.11.703.04	Program Implementation Plan		
703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation	FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. Agency		

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<p>Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06)</p> <p>04. Written Instructions to Staff. These instructions may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. (7-1-06)</p>		<p>documentation lacked evidence as follows:</p> <ul style="list-style-type: none"> <li>• Programs contained a task analysis, but no other written instructions to staff to promote progress or skill acquisition.</li> </ul>	<p>The assigned Developmental Specialist will add specific instructions to staff as they revise all programs to the new system as outlined throughout this report.</p> <p>Date of Facility Completion: March 31, 2009 Sample Group: December 31, 2008</p> <p>TR</p>
<p><b>Harm and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm</p>		<b>Date to be Corrected:</b>	<b>Administrator Initials:</b>
<b>Data Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>	
<p>16.04.11.703.05</p> <p>703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming</p>	<p>Program Implementation Plan</p> <p>FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. Agency documentation lacked evidence as follows:</p> <ul style="list-style-type: none"> <li>• The type of environment documented on program implementation plans were not specific to where training should occur. Environments stated were often just 'community' (instead of i.e. Albertsons, Municipal Park, convenience</li> </ul>	<p>The assigned Developmental Specialist will add the specific location (s) where training could occur as they revise all programs to the new system as outlined throughout this report.</p> <p>In addition all specified community locations must have passed our community site review process and be identified as an approved site.</p> <p>Date of Facility Completion: March 31, 2009 Sample Group: December 31, 2008</p> <p>TR</p>	

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and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06) 05. Service Environments. Identification of the type of environment(s) where services will be provided. (7-1-06)		store such as...) ***This is a repeat deficiency from compliance.	
<b>Impact and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b>	<b>Administrator Initials:</b>
<b>File Reference/Text</b> 16.04.11.704.01.d 704.PROGRAM DOCUMENTATION REQUIREMENTS. Each DDA must maintain records for each participant the agency serves. Each participant's record must include documentation of the participant's involvement in and response to the services provided. (7-1-06) 01. General Requirements for Program Documentation. For each participant the following program documentation is required: (7-1-06) d. When a participant receives developmental therapy, documentation of six (6) month and annual reviews by the Developmental Specialist that includes a written description of the participant's progress toward the achievement of therapeutic goals, and why he continues to need services. (7-1-06)	<b>Category/Findings</b> Program Documentation (data/progress) FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. Agency documentation lacked evidence as follows:  • The annual and 6-month status reviews did not indicate why the participant continues to need the service.	<b>Plan of Correction (POC)</b> The assigned developmental specialist will revise all future status reviews to include a statement of need for services to continue and this will also be added as a standard component on our status review form.  Date of completion: Correction began October 1, 2008 Date of Sample: December 31, 2008  Note: This plan will not include correction of old status reviews unless instructed otherwise.  TR	

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16.04.11.705.01.d	Participant Records	<p>DDA Program Administrator will revise our participant profile sheet into one form and ensure that dietary and medical needs are clearly identified. Once developed assigned staff will complete a new profile sheet on each participant.</p> <p>Date of Facility Completion: March 31, 2009 Sample Group: December 31, 2008</p> <p style="text-align: right;">TR</p>	
<p>705.RECORD REQUIREMENTS. Each DDA certified under these rules must maintain accurate, current and complete participant and administrative records. These records must be maintained for at least five (5) years. Each participant record must support the individual's choices, interests, and needs that result in the type and amount of each service provided. Each participant record must clearly document the date, time, duration, and type of service, and include the signature of the individual providing the service, for each service provided. Each signature must be accompanied both by credentials and the date signed. Each agency must have an integrated participant records system to provide past and current information and to safeguard participant confidentiality under these rules. (7-1-06)</p> <p>01. General Records Requirements. Each participant record must contain the following information: (7-1-06)</p> <p>d. Current profile sheet containing the identifying information about the participant, including residence and living arrangement, contact information, emergency contacts, physician, current medications, allergies, special dietary or medical needs, and any other information required to provide safe and effective care; (7-1-06)</p>	<p>FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. Agency documentation lacked evidence as follows:</p> <ul style="list-style-type: none"> <li>- The Participant profile sheet did not include special dietary or medical needs.</li> <li>- The Profile sheet was fragmented into 3 forms.</li> </ul>		

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16.04.11.712.01 712. PSYCHOTHERAPY 01. Required Psychotherapy Services. The following psychotherapy services must be available through each agency and based on assessment(s) conducted by the professional qualified to deliver the service: (7-1-06)	Required Services  FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. Agency documentation lacked evidence as follows:  • No documentation that psychotherapy services are made available.	DDA Program Administrator will revise current referral contract with psychologist Dr. Haugen to include psychotherapy services as already discussed with Dr. Haugen.  Date of completion: December 31, 2008  TR	
<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b>	<b>Administrator Initials:</b>
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>	
16.04.11.900.01.a 900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-06) 01. Purpose of the Quality Assurance Program. The quality assurance program is an ongoing, proactive, internal review of the DDA designed to ensure: (7-1-06) a. Services provided to participants produce measurable outcomes, are high quality, and are consistent with individual choices, interests, needs, and current standards of practice; (7-1-06)	QA Program  FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. Agency documentation lacked evidence as follows:  • Current Quality Assurance processes implemented by the agency did not assure compliance as indicated by deficient findings and current required documentation.	DDA Program Administrator will revise our current quality assurance policies and procedures to include monitoring of the areas of deficiency outlined in this report.  Date of completion: December 31, 2008  TR	

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<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>		
16.04.11.900.02.a-e	QA Program	see above plan of correction in addition to....		
900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-06) 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-06)a. Goals and procedures to be implemented to achieve the purpose of the quality assurance program as described in Subsection 900.01 of these rules; (7-1-06) b. Person, discipline or department responsible for each goal; (7-1-06) c. A system to ensure the correction of problems identified within a specified period of time; (7-1-06) d. A method for assessing participant satisfaction; and (7-1-06) e. A regular review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction. (7-1-06)	<b>FINDINGS:</b> Based upon record review and interview with staff and/or Administration, the agency is not in compliance. Agency documentation lacked evidence as follows:  • Agency listed goals as part of its Quality Assurance Program but did not have procedures to assure agency meets the goals identified.  • Policy stated that the QA committee was responsible for observation. A Developmental Specialist is the required professional to complete observations of paraprofessionals.			
		DDA Program Administrator will revise the quality assurance policies and procedures to eliminate the use of the term "QA committee" and replace it with a specific position/person responsible as well as outlining the procedure to be used to measure program goals.  Date of completion: December 31, 2008  <div style="text-align: right;">TR</div>		
<b>Issue and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b>		<b>Administrator Initials:</b>
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>		
16.04.11.915	Positive Social Skills			
915.POLICIES REGARDING DEVELOPMENT	<b>FINDINGS:</b> Based upon record review and			

Developmental Disabilities Agency		Panhandle Special Needs, Inc.	8/26/2008
<b>OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS.</b> Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of inappropriate behavior. These policies and procedures must include statements that: (7-1-06)		interview with staff and/or Administration, the agency is not in compliance. Agency documentation lacked evidence as follows:  - Agency did not have a policy/procedure to address the function of a behavior, teaching alternative adaptive skills (03-04), review of programs that may be implemented to manage inappropriate behavior (09), ensuring appropriate use of any interventions that may be used to manage inappropriate behaviors (10).	DDA Program Administrator will develop a policy and procedure to address each of the following: -Function of a behavior -Teaching alternative adaptive skills -Review of programs that may be implemented to manage inappropriate behaviors and -Ensuring appropriate use of Interventions used to manage inappropriate behavior  Once developed the new policy and procedures will be presented to our board of directors for adoption and will then be reviewed with all professional staff.  Program administrator and assigned developmental specialist will be responsible for implementation to all assigned clients.  Date of completion: December 31, 2008 <i>TR</i>
<b>Range and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b>	<b>Administrator Initials:</b> <i>TR</i>
<b>Administrator Signature (confirms submission of POC):</b>		<b>Date:</b> 10-22-08	
<b>Team Leader Signature (confirms acceptance of POC):</b>		<b>Date:</b> 10-23-08	